

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 543P  
Registered No. 367

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 4023 Highland Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Soria } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. Female }  
4. Twin, triplet or other. \_\_\_\_\_ }  
5. No., in order of birth. \_\_\_\_\_ } yes }  
6. Legitimate? \_\_\_\_\_ }  
7. Date of birth May 4-1930 }  
Month Day Year

8. FATHER  
Full name Jose Soria  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mex.  
13. Occupation  
Nature of Industry Smelter

14. MOTHER  
Full maiden name Aurelia Gamboa  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex  
17. Age at last birthday 25 (Years)  
18. Birthplace (city or place) Anthony  
(State or country) New Mex  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. \_\_\_\_\_ } (a) Born alive and now living. 1 }  
(Taken as of time of birth of child herein- } (b) Born alive but now dead. 0 }  
certified and including this child.) } (c) Stillborn. 0 }  
21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11-0 p.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown

(Physician or midwife)

Given name added from \_\_\_\_\_  
Month, day, year Address Miami, Arizona

Registrar. Filed June 12 1930 Registrar.

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